



DL-057 (09-12)

Employer/Off-Site Testing Program Daily Log Sheet

Tester Signature: _____

Tester Name: _____

Test Date: _____

Company: _____

[illegible]

TOTAL OR SUBTOTAL

For more information, please call: **410-768-7000** (to speak with a customer service representative).
TTY for the hearing impaired: **1-800-492-4575**. Visit our website at: **www.MVA.Maryland.gov**